

Foster Family Home - Deficiency Report

Provider ID: 1-598419

Home Name: Charrie Carino, CNA

Review ID: 1-598419-11

94-416 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/1/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/1/2021.

Foster Family Home Background Checks [11-800-8]

8.(d)(2)(C) A caregiver, substitute caregiver, or other adult residing in the community care foster family home, except for adults receiving care, is a perpetrator of abuse as defined in section 346-222, HRS

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

8.(e)(1) Submitted by the applicant for licensure or certification, case management agency, or home;

8.(e)(2) In writing, on forms provided by the department; and

Comment:

8.(d)(2)(c), (e), (e)(1), (e)(2)- HHM#2's APS/CAN/Fingerprinting dated 7/22/21 with a [REDACTED]. No exemption determination present in the CCFFH binder.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#2's CPR certification expired on 2/2021.

Maribel Nakamine 9/1/2021
Compliance Manager Date
Charrie U. Carino 9/1/2021
Primary Care Giver Date